Medicus Mundi International

Meeting: Seventy-first World Health Assembly (A71/1)
Agenda Item: 11.5 Addressing the global shortage of, and access to, medicines and vaccines

Statement:

MMI takes this opportunity to address agenda 11.5. The statement is supported by PHM.

Secure access to essential and lifesaving medicines is one of the main requirements for achieving the right to health, in all countries of the world.

We call upon all MS member to endorse the main decisions in (A71/12) - the priority actions listed in paras 7, 8 and 9 and the roadmap suggested. However, we wish to emphasize that priority actions should be assessed in terms of impact, not costs and complexity.

We urge MS to provide the secretariat with a clear mandate to build a needs-based innovation system for medicines and health technologies and include and endorse the principle of 'delinkage’, prioritise actions based on impact rather than cost and complexity, and commit to fully funding the program.

The current patent-driven system of innovation has failed to provide affordable access to safe, quality and efficient health technologies and it neglects R&D on antibiotics, for pandemic risks and for diseases that selectively affect the poor. Delinking of medicine prices from the costs of R&D is a key imperative that can contribute to decrease in drug prices, without undermining innovation.

We also urge MS to commit themselves to the promotion of publicly funded research, which is mindful of public health needs of populations, based on epidemiological factors and social determinants of health. WHO should support MS to put in place mechanisms that promote transparency regarding disclosure of clinical trial data, R&D costs, productions costs, procurement prices and supply chain markups.

Finally, we urge MS to commit to fully funding WHO’s work in the area of access to medicines, especially in the implementation of the key resolutions listed on appendix 01. WHO should also provide technical advice to MS for making full use of TRIPS flexibilities.